

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3513

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2802</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6243 Julian Avenue.</u>				d. STREET ADDRESS (If rural, give location) <u>6243 Julian Avenue.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mark</u> b. (Middle) <u>H.</u> c. (Last) <u>Mills.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>8</u> <u>1949.</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-17-1874.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>74</u>		11. BIRTHPLACE (State or foreign country) <u>Fairmont, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Marvin Mills.</u>					
13b. MOTHER'S MAIDEN NAME <u>Sarah Fair.</u>		14. NAME OF HUSBAND OR WIFE <u>Cora L. Mills.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-01-8999</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora L. Mills.</u> ADDRESS <u>6243 Julian Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular disease.</u> ANTECEDENT CAUSES <u>Phemetic Heart disease</u> DUE TO (a) <u>932 11/6/48</u> DUE TO (c) <u>Phemetic Heart disease.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6</u> , 19 <u>48</u> , to <u>1-8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-8</u> , 19 <u>49</u> , and that death occurred at <u>11</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James J. Pully M.D.</u> (Degree or title)				23b. ADDRESS <u>6125-Bartmer</u>		23c. DATE SIGNED <u>1-10-49.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>1-11-1949.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>1-11-49.</u>		REGISTRAR'S SIGNATURE <u>Harold G. Lueger, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Geo. L. Fleitsch.</u> ADDRESS <u>6175 Delmar Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Pierce Reilly.
6125a Bartmer Avenue.
10-to 11 A.M. 2 to 4 P.M.
Cabanny 5187

MAR 29 1949

7065102

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Signed

Jos. E. McCulloch

Signed.....
Student Embalmer

Licensed Embalmer No. *2760*

P. O. Address *6175 Dillman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.